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Bib Data Sheet

CONFIRMATION NO. 7614

SERIAL NUMBER 09/886,436	FILING DATE 06/21/2001 RULE	CLASS 370	GROUP ART UNIT 2662	ATTORNEY DOCKET NO. 290-011us
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** CONTINUING DATA ***** *No in m*** FOREIGN APPLICATIONS ***** *No in m*

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 08/13/2001

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY IL	SHEETS DRAWING 7	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 4
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged <i>[Signature]</i> Examiner's Signature	<i>[Initials]</i> Initials			

ADDRESS

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TITLE

Method and apparatus for providing backup telecommunication service

FILING FEE RECEIVED 790	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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